

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005735

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 24Primary Registration District No. 3012Registrar's No. 26

FILED FEB 27 1963

VS 300
Rev. 4/591 6001
2 0170

3

4 0

5 1

6

7 1

8 2

9 331X

10

11

12 2-0

13 1-0

DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH

a. COUNTY Clayb. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Excelsior SpringsLength of stay in 1b
1 dayc. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Excelsior Springs HospInside limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE MOb. COUNTY Carrollc. CITY
OR TOWN NORBORNEInside Limits
Yes ☒ No ☐d. STREET
ADDRESS 108 E Wood

(If outside, give location)

Reside on Farm
Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

HaroldFredSmith4. DATE
OF DEATH

Month

Day

Year

Feb.221963

5. SEX

Male

6. COLOR OR RACE

White7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7-15-1894

9. AGE (last birthday)

78

IF UNDER 1 YEAR IF UNDER 24 HR.

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR INDUSTRY

Pool Hall

11. BIRTHPLACE (City and state or country)

Illinois

12. CITIZEN OF WHAT COUNTRY

U.S. A.

13a. FATHER'S NAME

UNKNOWN

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

Ethel (Brook) Smith15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of)No

16. SOCIAL SECURITY NO.

190

17. INFORMANT

Mrs Ethel Smith

Address

Norborne, Mo.18. CAUSE OF DEATH (Enter only one cause per
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cerebral hemorrhageINTERVAL BETWEEN
ONSET AND DEATH
15 hrs.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause, last.

DUE TO (b)

Hypertensionsev. years

DUE TO (c)

arteriosclerosisyearsPART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY
Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 2/21/63 to 2/22/63 and last saw her alive on 2/22/63Death occurred at 1:00 A m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

M. D. Excelsior Springs, Mo.

22c. DATE SIGNED

2/23/6323a. BURIAL, CREMATION,
REMOVAL (Specify)Burial

23b. DATE

2-24-1963

23c. NAME OF CEMETERY OR CREMATORY

Excelsior Cemetery

23d. LOCATION (City, town, or county)

NORBORNE, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Gibson Funeral Home, Norborne, Mo.

25. DATE RECD. BY LOCAL REG.

2-22-63

26. REGISTRAR'S SIGNATURE

Caroline Hutchinson

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

MAY 16 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James F. Wilson
Licensed Embalmer No. 5076

P. O. Address Carrollton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 2/22/65 C.H.